
CLINICAL SERVICES:

1350

SUPPLEMENTAL SERVICES

SECTION CONTENTS

	<u>Page</u>
<u>INTRODUCTION</u>	1350.1
Description	1350.1
Utilization of Contracted Services	1350.1
Funding	1350.1
Documentation	1350.2
<u>24-HOUR SERVICES</u>	1350.3-6
Purpose	1350.3
Definitions	1350.3-6
Local Hospital	1350.3
Psychiatric Health Facility	1350.3
Skilled Nursing Facility/Intermediate Care Facility	1350.3
Intensive Skilled Nursing Facility	1350.3
Short-Term Crisis Residential Facility	1350.4
Jail Inpatient Unit.....	1350.4
Transitional Residential On-Site Program	1350.4
Transitional Residential Off-Site Program	1350.5
Long Term Residential Facility	1350.5
Semi-Supervised Living.....	1350.5
Independent Living	1350.6
Residential Care Home	1350.6
Life Support-SSI/SSP Rates.....	1350.6

CLINICAL TREATMENT:**SUPPLEMENTAL SERVICES**

	<u>Page</u>
<u>DAY SERVICES</u>	1350.7-8
Purpose	1350.7
Definitions	1350.7-8
Crisis Stabilization	1350.7
Vocational Services.....	1350.7
Socialization Services	1350.7
Community Care Facility (CCF) Augmentation.....	1350.8
Skilled Nursing Facility (SNF) Augmentation	1350.8
Day Treatment Intensive	1350.8
Day Rehabilitative.....	1350.8
<u>OUTPATIENT SERVICES</u>	1350.9
Purpose	1350.9
Definitions	1350.9
Medication Support.....	1350.9
Crisis Intervention.....	1350.9
<u>CONTINUING CARE SERVICES</u>	1350.10
Purpose	1350.10
Definitions	1350.10
Forensic Emergency Transportation	1350.10
Residential Care Supplement	1350.10
<u>RESIDENTIAL CARE SUPPLEMENT PROGRAM</u>	1350.11-15
Purpose	1350.11
RCS Services	1350.11

CLINICAL SERVICES:

1350

SUPPLEMENTAL SERVICES

	<u>Page</u>
Facility Eligibility	1350.12
Facility Certification	1350.12
CONREP Monitoring.....	1350.12
Payment to Provider.....	1350.13-15
Criteria	1350.13
Temporary Absence	1350.13
Temporary Absence for Hospital Treatment	1350.14
Invoice Submission	1350.14
Claims for Reimbursement	1350.15
CONREP Responsibility.....	1350.15

SUPPLEMENTAL SERVICES

INTRODUCTION**Description**

Supplemental Services are specific treatment services provided to individual patients which are in addition to Core Treatment Services. (See **Section 1340: CORE TREATMENT.**) Supplemental services include all 24-hour services, Day Services, Outpatient Services (not included in Core Treatment Services), and two Continuing Care Services (Forensic Emergency Transportation and the Residential Care Supplement (RCS) program).

Supplemental Services exist in order to provide local CONREP programs with the flexibility to implement individualized treatment and supervision programs. The range of these services depends on the availability of local treatment and residential services.

Utilization of Contracted Services

CONREP programs may develop some Supplemental Services in their programs. Subcontracts may be negotiated with other service providers or organizations in the community in order to provide patients with necessary additional treatment. CONREP staff who might utilize any contracted service for a patient should be familiar with the contract, particularly the criteria for utilizing the service.

Funding

Within the limits of the CONREP contract, funding is available for clinically justified services above the minimum core treatment service level, when included in the patient's treatment plan. Supplemental Services are usually funded under negotiated rates (NR) in the CONREP contract and are often provided through the use of subcontracts with other local providers. There may be rare exceptions in which some of these services could be funded under a negotiated net amount (NNA).

CLINICAL TREATMENT:

1350

SUPPLEMENTAL SERVICES

INTRODUCTION

Documentation

The supplemental services that are provided to patients should be noted in the treatment plan by provider, type of service, frequency and dates of service. The rationale for selecting specific supplemental services should be noted.

Copies of progress notes from supplemental service providers should be obtained *at least* on a quarterly basis and should be filed in the CONREP patient record. These progress notes should be discussed by the CONREP clinical team and summarized in the Quarterly and Annual Reports.

SUPPLEMENTAL SERVICES

24-HOUR SERVICES**Purpose**

These services are designed to provide a therapeutic environment of care and treatment within a residential setting. Depending on the severity of the disorder, treatment may be provided in one of the following categories.

Definitions**Local Hospital**

A local hospital is an acute psychiatric hospital, or a distinct acute psychiatric part of a general hospital which meets Title 9 staffing standards and which may be locked. CONREP programs may use local hospitals for short inpatient stays. (Mode/Service Function Code: 05/10-19)

Psychiatric Health Facility

A Psychiatric Health Facility is a non-hospital facility which provides acute psychiatric care and which may be locked. This service is used for the same purpose as a local hospital as long as the patient has no major medical problems. (Mode/Service Function Code: 05/20-29)

**Skilled Nursing Facility/
Intermediate Care Facility**

A licensed Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) includes SNFs with Special Treatment Programs (STP). (Mode/Service Function Code: 05/30-34)

**Intensive Skilled
Nursing Facility**

An Intensive Skilled Nursing Facility is a licensed skilled nursing facility which is funded and staffed to provide acute psychiatric care and which meets Title 9 staffing standards for inpatient services. (Mode/Service Function Code: 05/35-39)

CLINICAL TREATMENT:

1350

SUPPLEMENTAL SERVICES

24-HOUR SERVICES

Definitions (cont.)

Short-Term Crisis Residential Facility
[WIC 5458(a)]

This facility is a licensed community 24-hour residential program that provides crisis treatment as an alternative to hospitalization for individuals experiencing an acute psychiatric episode or situational crisis. Such programs are intended to admit voluntary patients from 1-30 days for crisis resolution and stabilization.

These crisis residential facilities must have 24-hour capability for prescribing and supervising medication. The prescribing capability may be provided by written agreement with a hospital emergency room, mental health clinic, or other agency staffed to provide this service.
(Mode/Service Function Code: 05/40-44, for 14 days or less; 05/45-49 for 15-30 days.)

Jail Inpatient Unit

A local jail inpatient unit is normally located in an adult or juvenile detention facility. These inpatient units must be licensed and meet Title 9 staffing standards.
(Mode/Service Function Code: 05/50-59)

Transitional Residential On-Site Program
[WIC 5458(b)]

These are licensed community residential facilities designed to provide a comprehensive program of care consisting of a therapeutic residential community plus an all-inclusive structured treatment and rehabilitation program. These programs are for patients recovering from an acute stage of illness or who may be expected to move towards a more independent living situation within a time-limited period.
(Mode/Service Function Code: 05/60-65)

SUPPLEMENTAL SERVICES

24-HOUR SERVICES**Definitions (cont.)**

Transitional Residential
Off-Site Program
[WIC 5458(c)]

These are licensed community residential facilities designed to provide, on a time-limited basis, a therapeutic residential community. The program should include a range of social rehabilitation activities for individuals who are in remission from an acute stage of illness.

The intent is to provide the client with interim support to facilitate movement towards the highest possible level of functioning. Patients may receive other treatment services outside the transitional residence.

(Mode/Service Function Code: 05/65-69)

Long Term Residential
Facility

Services are provided for an extended or indefinite period in licensed non-medical community residential care facilities that provide programs for individuals who require care, supervision, resocialization, rehabilitation and life-enrichment.

(Mode/Service Function Code: 05/70-74)

Semi-Supervised Living
[WIC 5458(d)]

These residential services are provided to persons living alone or together in small cooperative housing units for the purpose of providing support in case of emergencies as well as regular assessment and assistance with the problems of daily living. Services may include provisions of a rent subsidy. This may be a transition to independent living or an indefinite arrangement.

(Mode/Service Function Code: 05/80-84)

CLINICAL TREATMENT:

1350

SUPPLEMENTAL SERVICES

24-HOUR SERVICES

Definitions (cont.)

Independent Living [WIC 5458(d)]

These services include psychological support and rent subsidy, if necessary, and are provided to persons who require only minimal support to remain in the community.

Short-term or long-term room, board, and basic living expenses necessary to allow clients to achieve or maintain independent living arrangements may be included in Life Support payments. The CONREP program shall pursue all other sources of client support first. Attempts should be made to qualify eligible clients for federal categorical aid programs (SSI, food stamps) or local assistance (e.g. General Assistance), as appropriate.
(Mode/Service Function Codes: 05/85-89)

Residential Care Home

In lieu of SSI payments, equivalent Life Support payments for basic life support (room and board, care and supervision, and personal and incidental expenses) may be made to patients in Community Care Facilities who are not eligible for SSI or who are not yet receiving SSI payments.
(Mode/Service Function Code: 05/90)

Life Support - SSI/SSP Rates

Payment rates for Life Support in both Independent Living and Residential Care Home categories are set annually by the State Department of Social Services. These rates are listed in Volume II of this manual, **Section 2120: FUNDING**.

SUPPLEMENTAL SERVICES

DAY SERVICES**Purpose**

Supplemental day care services are designed to provide alternatives to inpatient care and/or supplement other modes of treatment and residential services.

Definitions**Crisis Stabilization**

An immediate face-to-face response lasting less than 24 hours, to an individual exhibiting acute psychiatric symptoms, provided in a 24 hour health facility or hospital-based outpatient program as allowable under the facility licensure. Services must be provided in a separate part of the facility, and shall be available 24 hours per day.

The goal is to avoid the need for inpatient services by alleviating problems which, if not treated, present an imminent threat to the individual or other's safety or substantially increase the risk of the individual becoming gravely disabled.

(Mode/Service Function Code: 10/20-29)

Vocational Services

Vocational services are designed to encourage and facilitate individual motivation and to focus upon realistic and attainable vocational goals. To the extent possible, the intent is to maximize individual client involvement in skill seeking and skill enhancement, with an ultimate goal of meaningful, productive work.

(Mode/Service Function Code: 10/30-39)

Socialization Services

Socialization programs are services designed to provide life-enrichment and social skill development for individuals who would otherwise remain withdrawn and isolated. Activities should be gauged for multiple age groups, be culturally relevant, and focus upon enhancing social skills.

(Mode/Service Function Code: 10/40-49)

CLINICAL TREATMENT:

1350

SUPPLEMENTAL SERVICES

DAY SERVICES

Definitions (cont.)

Community Care Facility
(CCF) Augmentation

These specific organized therapeutic activities augment and are integrated into an existing community care facility. This does not include Residential Care Supplement (RCS) Services which are defined later in this section.
(Mode/Service Function Code: 10/50-59)

Skilled Nursing Facility
(SNF) Augmentation

These specific organized therapeutic activities augment and are integrated into an existing skilled nursing facility.
(Mode/Service Function Code: 10/60-69)

Day Treatment Intensive

Day treatment intensive services are those designed to provide multidisciplinary treatment programs of less than 24-hours per day as an alternative to hospitalization. These services are appropriate for patients who need active psychiatric treatment for acute mental, emotional, or behavioral disorders.

After receiving these services, these patients may be referred to a lower level of treatment or maintain the ability to live independently, semi-independently, or in a supervised residential facility. (Mode/Service Function Code: 10/81-84 for Half Day; 10/85-89 for Full Day)

Day Rehabilitative

Day Rehabilitative services are designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence. The goal is the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide the rehabilitative service.

(Mode/Service Function Code: 10/91-94 for Half Day; 10/94-99 for Full Day)

OUTPATIENT SERVICES**Purpose**

Outpatient services are designed to provide short-term or sustained therapeutic intervention for patients experiencing acute and/or ongoing psychiatric distress. The majority of CONREP outpatient services are provided under Core Treatment services. The following are two additional outpatient services funded as Supplemental Services.

Definitions**Medication Support**

Medication support services include the face-to-face prescription, administration, or dispensing of medications necessary to maintain individual psychiatric stability in the treatment process. This service shall include evaluation of side effects and/or results of the medication. Medical visit costs include any laboratory costs and the cost of medications.

Patients enrolled in a Day Rehabilitative or Day Treatment Intensive services should receive their medication, and medical supervision as part of their comprehensive day care program. (Mode/Service Function Code: 15/60-69)

Crisis Intervention

Crisis Intervention is an immediate therapeutic response which must include a face-to-face contact with a patient exhibiting acute psychiatric symptoms to alleviate problems which, if untreated, present an imminent threat to the patient or others. These emergency services are intended to deter decompensation and/or prevent reoffense. (Mode/Service Function Code: 15/70-79)

CLINICAL TREATMENT:

1350

SUPPLEMENTAL SERVICES

CONTINUING CARE SERVICES

Purpose

There are only two Continuing Care Services (listed below) that are funded in CONREP. These services are designed to provide community-based assistance required to assure continuity of care and maintenance for individuals whose mental or emotional disabilities preclude their ability to function independently.

Definitions

Forensic Emergency Transportation

Transportation required for an enrolled CONREP patient in an emergency situation to bring the patient to a facility designated by the Community Program Director.
(Mode/Service Function Code: 50/70-79)

Residential Care Supplement

The Residential Care Supplement (RCS) is a supplemental monthly rate designed to augment basic board and care for registered CONREP patients living in licensed community care facilities. These supplemental rates are established by the Office of Forensic Services to enhance rehabilitation services to these CONREP patients.

(Mode/Service Function Code: 50/50-59)

A full description of these services and the policies and procedures required for their provision are contained in the following pages.

SUPPLEMENTAL SERVICES

RESIDENTIAL CARE SUPPLEMENT PROGRAM**Purpose**

Residential Care Supplement (RCS) program services may be provided in addition to the basic care and supervision required for licensure as a community care facility.

These services are designed to improve the patients social and community functioning skills and are intended to facilitate the movement of patients to less restrictive levels of care. It is the goal of these services to assist the patient to function at his/her highest level of personal functioning.

RCS Services

These additional services include supportive, supervisory, and rehabilitative services as identified in the patient's client service plan. Examples of RCS services include, but are not limited to:

- * Providing, arranging or encouraging clients to use public transportation;
- * Encouraging patients to take increased responsibility;
- * Assisting patients to learn social relationship skills;
- * Assisting patients to develop basic living skills; and
- * Providing close supervision of patients with difficult behavior problems.

CLINICAL TREATMENT:

1350

SUPPLEMENTAL SERVICES

RESIDENTIAL CARE SUPPLEMENT PROGRAM

Facility Eligibility

All licensed residential care facilities serving mentally disabled CONREP patients are potentially eligible for this supplemental rate within the limits of local funding. Actual participating providers will be certified by the Community Program Director of the local CONREP program.

Facility Certification

To apply for certification, a residential care facility must:

- * Complete form MH 1729 (Rev. 10/90), CONREP Residential Care Supplement Application;
- * Sign form MH 1730 (Rev. 10/90), Residential Care Supplement Agreement/Certification; and
- * Submit both forms and a copy of its current valid license as a residential care facility to the local CONREP Community Program Director.

CONREP Monitoring

Monitoring of patients who receive RCS services will be the responsibility of the CONREP clinician assigned to the facility. Patients who receive RCS services will be reassessed at least every 90 days by the local CONREP program.

RESIDENTIAL CARE SUPPLEMENT PROGRAM**Payment to Provider****Criteria**

Reimbursement of residential care facilities for services delivered will be the responsibility of the CONREP programs. It is important to note that residential facilities can only be reimbursed for RCS services after:

- * The facility is certified as a participant in the program;
- * The patient is assessed by CONREP personnel and determined to qualify for supplemental services; and
- * A service plan is developed for the patient describing the goals, objectives and services required.

Temporary Absence

Payment for temporary absence from a facility in the RCS program is limited to seven (7) days per month. Such payment is allowable only when all of the following conditions are met:

- * The absence is consistent with the patient's service and treatment plans;
- * The absence is necessary for the patient's progress or maintenance at this level of care;
- * The absence is planned or anticipated; and
- * The absence; as well as the purpose(s) of the absence, are documented.

CLINICAL TREATMENT:

1350

SUPPLEMENTAL SERVICES

RESIDENTIAL CARE SUPPLEMENT PROGRAM

Payment to Provider (cont.)

Temporary Absence for Hospital Treatment

Payment for temporary absence for purposes of acute hospital or acute non-hospital (PHF) treatment, or for treatment in other facilities which meet Title 9 staffing standards (Section 663), is limited to ten (10) days per month. Payment is allowable if such treatment is necessary for the patient to return to this level of care (residential care facility), and if the purpose is documented.

This policy is intended to assure that facility beds may be maintained for patients who are temporarily absent and to provide continuous payment to administrators for "holding" such beds for both life support services and supplemental services.

Invoice Submission

Reimbursement will occur in a timely fashion after the monthly submission of **MH 1731 (Rev. 10/90), Residential Care Supplement Client Service Plan and Invoice**. Payments will only be made to participating providers on the basis of a written agreement. A copy of each Client Service Plan/Invoice shall be retained in the residential facility chart and the CONREP medical record.

CLINICAL SERVICES:

1350

SUPPLEMENTAL SERVICES

RESIDENTIAL CARE SUPPLEMENT PROGRAM

Payment to Provider (cont.)

Claims for Reimbursement

The rate of reimbursement for RCS services will be established by the Office of Forensic Services and is not subject to cost adjustment. RCS services may be claimed if services:

- * Are for registered CONREP patients;
- * Are provided pursuant to a CONREP Residential Care Supplement Agreement/Certification; and
- * Have been documented by the facility administrator and invoiced to the CONREP program utilizing the monthly RCS Client Service Plan and Invoice.

CONREP Responsibility

CONREP programs are responsible to ensure that services claimed are properly documented and invoiced and that facilities have valid current licenses for the month of each claim.